

Adult or Responsible Party Information

Father's Last Name _____ First Name _____ Work Phone _____

Mother's Last Name _____ First Name _____ Work Phone _____

Address _____ City _____ State _____ Zip Code _____

Home Phone _____ Cell/Pager _____ Email Address _____

Person to contact in case of emergency other than parent:

Name _____ Relationship _____ Phone _____

Participant #1

Last Name _____ First Name _____ M/F _____ DOB _____ Grade _____

Please list any physical limitations/restrictions that may better service the participant _____

My child: IS a good swimmer _____ IS NOT a good swimmer _____

My child: IS allowed to walk or ride their bicycle to camp _____ IS NOT allowed to walk or ride their bicycle to camp _____

Does your child have a serious reaction to BEE STINGS? YES _____ NO _____

CAMP T-SHIRT ADULT SIZES: SMALL _____ MEDIUM _____ LARGE _____ X-LARGE _____**Participant #2**

Last Name _____ First Name _____ M/F _____ DOB _____ Grade _____

Please list any physical limitations/restrictions that may better service the participant _____

My child: IS a good swimmer _____ IS NOT a good swimmer _____

My child: IS allowed to walk or ride their bicycle to camp _____ IS NOT allowed to walk or ride their bicycle to camp _____

Does your child have a serious reaction to BEE STINGS? YES _____ NO _____

CAMP T-SHIRT ADULT SIZES: SMALL _____ MEDIUM _____ LARGE _____ X-LARGE _____**Participant #3**

Last Name _____ First Name _____ M/F _____ DOB _____ Grade _____

Please list any physical limitations/restrictions that may better service the participant _____

My child: IS a good swimmer _____ IS NOT a good swimmer _____

My child: IS allowed to walk or ride their bicycle to camp _____ IS NOT allowed to walk or ride their bicycle to camp _____

Does your child have a serious reaction to BEE STINGS? YES _____ NO _____

CAMP T-SHIRT ADULT SIZES: SMALL _____ MEDIUM _____ LARGE _____ X-LARGE _____**Participant #4**

Last Name _____ First Name _____ M/F _____ DOB _____ Grade _____

Please list any physical limitations/restrictions that may better service the participant _____

My child: IS a good swimmer _____ IS NOT a good swimmer _____

My child: IS allowed to walk or ride their bicycle to camp _____ IS NOT allowed to walk or ride their bicycle to camp _____

Does your child have a serious reaction to BEE STINGS? YES _____ NO _____

CAMP T-SHIRT ADULT SIZES: SMALL _____ MEDIUM _____ LARGE _____ X-LARGE _____

Is there any other medically related information our staff should know about your child so that he/she can safely participate in the Summer Recreation Program? _____

DESIGNATE those adults who have your permission to pick up your child from Summer Rec.

1. _____ 2. _____ 3. _____

NOTES:

NON-SWIMMERS MUST BE ACCOMPANIED BY A PARENT OR RESPONSIBLE ADULT ON SWIMMING FIELDTRIPS.

ALL BIKERS/ROLLERBLADERS/SKATEBOARDERS MUST WEAR HELMETS.

PARENTAL PERMISSION AND WAIVER FOR CHILDREN UNDER 18 YEARS OF AGE - UNSIGNED WAIVERS WILL BE REJECTED

My son/daughter, as registered above, has my permission to participate in the above named program. I further release, absolve, indemnify and hold harmless the North Hampton Recreation Department staff, and the town of North Hampton, in the event of injury to my son/daughter. In the event of an emergency requiring medical attention, I authorize that necessary medical attention be given to my child by a qualified physician in the event I cannot be reached.

Signature of parent/guardian _____ Date _____